PART B - FEE(S) TRANSMITTAL



.... Complete and send this form, together with applicable fee(s), to: Mail

Ť

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000

or Fax

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as

	E ADDRESS (Note: Use Block I for	any change of address)	Note: A certificate of Fee(s) Transmittal Thi	mailing can only be used f	or domestic mailings of
24737 75	590 07/22/2004		papers. Each additiona	is certificate cannot be used I paper, such as an assignment of mailing or transmission.	ent or formal drawing, n
	LECTUAL PROPER	TV & STANDA DI			
P.O. BOX 3001		ON ON	I hereby certify that th	tificate of Mailing or Transis Fee(s) Transmittal is being with sufficient postage for fit Stop ISSUE FEE address	smission g deposited with the United the United States of the United Sta
BRIARCLIFF MA		/	States Postal Service waddressed to the Mail	Stop ISSUE FEE address TO (703) 746-4000, on the	above, or being facsing
1/2004 BSAYASI2 0000	0120 141270 098941		0 2004 Vernitted to the USP	Chapa	(Depositor's na
::1501 1370.00 ::1504 300.00		PATER	\$ noem	Chape	(Signal
7:1304 300:00	νn	CALL	OCTOBER	15,2004	(0
APPLICATION NO.	FILING DATE	FIRST	AMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/894,103	06/28/2001	A	Amr Yassin	US010323	6292
	ET OF A SET OF XML GR.		G AN XML DOCUMENT TO A	LEAST ONE AME DO	COMENT STRUCTOR
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	10/22/2004
EXAMINER		ART UNIT	CLASS-SUBCLASS		
SHAH, SANJIV		2176	707-513000		
. Change of correspondence address or indication of "FCFR 1.363).		ee Address" (37 2. For	r printing on the patent front page, lis	t attorneys 1 Gree	gory L. Th
Address form PTO/SB/12 "Fee Address" indication	on (or "Fee Address" Indicat	(2) th	ents OR, alternatively, te name of a single firm (having as a tered attorney or agent) and the nam		
Number is required.	or more recent) attached. Use	of a Customer 2 regulated	istered patent attorneys or agents. If I, no name will be printed.	no name is 3	
	RESIDENCE DATA TO BE an assignee is identified be 37 CFR 3.11. Completion of		FENT (print or type) I appear on the patent. If an assignation for filing an assignment.	ee is identified below, the o	locument has been filed
(A) NAME OF ASSIGNI	E LIJKE PHIL		DENCE: (CITY and STATE OR COU Eindhoven, The Nether		
	ONICS N.V.		·		`.
ELECTRO lease check the appropriate	assignee category or categor	· · · · · · · · · · · · · · · · · · ·		orporation or other private g	•
ELECTRollease check the appropriate a. The following fee(s) are	assignee category or categor	4b. Paymo	nt of Feo(s):		•
ELECTRO clease check the appropriate a. The following fee(s) are Lissue Fee	assignee category or categorenclosed:	4b. Paymer	nt of Fec(s): eck in the amount of the fee(s) is enc	losed.	•
ELECTRO clease check the appropriate a. The following fee(s) are Lissue Fee	assignee category or categor enclosed: all entity discount permitted	4b. Paymer A che Paymer	nt of Feo(s):	losed. is attached.	roup entity U government
ELECTROLLE LEASE check the appropriate a. The following fee(s) are a lease check the appropriate a. The following fee(s) are a lease check the appropriate a. The following fee(s) are a lease check the appropriate a. The following feet a. The	assignee category or categor enclosed: all entity discount permitted	4b. Paymer A che Paymer Paymer The Deposit	nt of Fec(s): eck in the amount of the fee(s) is encuent by credit card. Form PTO-2038 Director is hereby authorized by ch	losed. is attached. arge the required fee(s), or (enclose an extra o	credit any overpayment copy of this form).
Please check the appropriate a. The following fee(s) are Lissue Fee Publication Fee (No sm Advance Order - # of C Change in Entity Status Lia. Applicant claims SM The Director of the USPTO is OTE: The Issue Fee and P	assignee category or category enclosed: all entity discount permitted Copies (from status indicated above IALL ENTITY status. See 3' is requested to apply the Issu phlication Fee (if required) with the category of the ca	4b. Paymer A che Paymer Paymer The Deposit CFR 1.27. Ub. Ap the Fee and Publication Fee will not be accepted from an	nt of Fec(s): eck in the amount of the fee(s) is encuent by credit card. Form PTO-2038 Director is hereby authorized by chat Account Number	losed. is attached. arge the required fee(s), or 70 (enclose an extra of the control of the cont	credit any overpayment copy of this form). R 1.27(g)(2). ation identified above.
Please check the appropriate a. The following fee(s) are Alssue Fee Publication Fee (No sm Advance Order - # of 0 Change in Entity Status a. Applicant claims SM The Director of the USPTO is NOTE: The Issue Fee and Penterest as shown by the reco- Authorized Signature)	assignee category or category enclosed: nall entity discount permitted. Copies (from status indicated above IALL ENTITY status. See 3' is requested to apply the Issu ablication Fee (if required) words of the United States Pate	4b. Payment A che A che Payment The Deposit 7 CFR 1.27.	nt of Fec(s): eck in the amount of the fee(s) is encent by credit card. Form PTO-2038 Director is hereby authorized by che Account Number 14-12 explicant is not claiming SMALL ENT (if any) or to re-apply any previously myone other than the applicant; a region of the second s	losed. is attached. arge the required fee(s), or 70 (enclose an extra of TTY status. See, e.g., 37 CF by paid issue fee to the applications of the state of the s	credit any overpayment copy of this form). R 1.27(g)(2). ation identified above. the assignee or other part
Please check the appropriate a. The following fee(s) are a. Advance Order - # of of b. Change in Entity Status a. Applicant claims SM The Director of the USPTO NOTE: The Issue Fee and Penterest as shown by the reco Authorized Signature) This collection of information a application. Confidential unmuting the completed ap the completed application applied the completed ap the completed applied the completed app	assignee category or category	4b. Paymer A che Paymer Paymer The Deposit Composit Composit A che Paymer Deposit Composit A che Deposit Composit Composit	nt of Fec(s): eck in the amount of the fee(s) is encent by credit card. Form PTO-2038 Director is hereby authorized by che Account Number	losed. is attached. arge the required fee(s), or 70 (enclose an extra of the feet of the applications of the public which is to file (an innutes to complete, including mements on the amount of the feet of the applications of t	credit any overpayment copy of this form). R 1.27(g)(2). ation identified above. the assignee or other part displayed by the USPTO to processing gathering, preparing, me you require to comp

TRANSMIT THIS FORM WITH FEE(S)